

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

Facility Physical Address

(If different than mailing address) Suite/Room Street City State/Zip Code

Number of Dialysis Stations: Facility Telephone: ()

Facility Ownership Type: ☐ Profit ☐ Non-ProfitFacility Local/National Affiliation/Chain Information
(i.e. Gambro, RTC, etc.)

Types of dialysis services offered:

☐ Incenter Hemodialysis ☐ Peritoneal Dialysis ☐ Home Hemodialysis Training

Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?

☐ Yes ☐ No

DIALYSIS PATIENTS AND TREATMENTS

DIALYSIS PATIENTS

Patients Receiving Care Beginning of Survey Period			Additions During Survey Period				Losses During Survey Period					
Incenter	Home	Total Fields 01 thru 02	Started for first time ever	Restarted	Transferred from other dialysis unit	Returned after transplantation	Deaths	Recovered kidney function	Received transplant	Transferred to other dialysis unit	Discontinued dialysis	Other (LTFU)
01	02	03	04A 04B	05A 05B	06A 06B	07A 07B	08A 08B	09A 09B	10A 10B	11A 11B	12A 12B	13A 13B

Patients Receiving Care at End of Survey Period												Total Patients
Incenter Dialysis		Self-Dialysis Training				Total Incenter Dialysis	Home Dialysis				Total Home Dialysis	Fields 20 and 25
Hemo-Dialysis	IPD	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 14 thru 19	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 21 thru 24	
14	15	16	17	18	19	20	21	22	23	24	25	26

Patient Eligibility Status End of Survey Period			Patients Dialyzing More Than 4 Times Per Week			Vocational Rehabilitation			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	Setting	Day	Nocturnal	Patients aged 18 through 54	Patients receiving services from Voc Rehab	Patients Employed full-time or part-time	Patients attending school full-time or part-time
			Incenter						
			Home						
27	28	29	30A 30B	31A 31B		32	33	34	35

TREATMENT LOAD

Incenter Dialysis Treatments				Dialysis Training Treatments							
Hemodialysis		IPD		Hemodialysis		IPD		CAPD		CCPD	
36		37		38		39		40		41	

COMPLETED BY (Name)

DATE

TITLE

TELEPHONE NO.

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

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KIDNEY TRANSPLANTS PERFORMED

PATIENTS TRANSPLANTED
AND DONOR TYPETO BE COMPLETED BY
KIDNEY TRANSPLANT CENTERS ONLY

Patients who received transplant at this facility		

42

Eligibility Status of Patients Transplanted at this Facility During the Survey Period			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	
		U.S. Res.	Other

43

44

45

46

Transplant Procedures Performed at This Facility			
Living Related Donor	Living Unrelated Donor	Cadaveric Donor	Total Fields 47 thru 49

47

48

49

50

Patients Awaiting Transplant	
Dialysis	Non-dialysis

51

52

REMARKS/COMMENTS

COMPLETED BY (Name)

DATE

TITLE

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